



Political Points

Packaging IOC

Involuntary Outpatient
Commitment

Mandated Community
Treatment

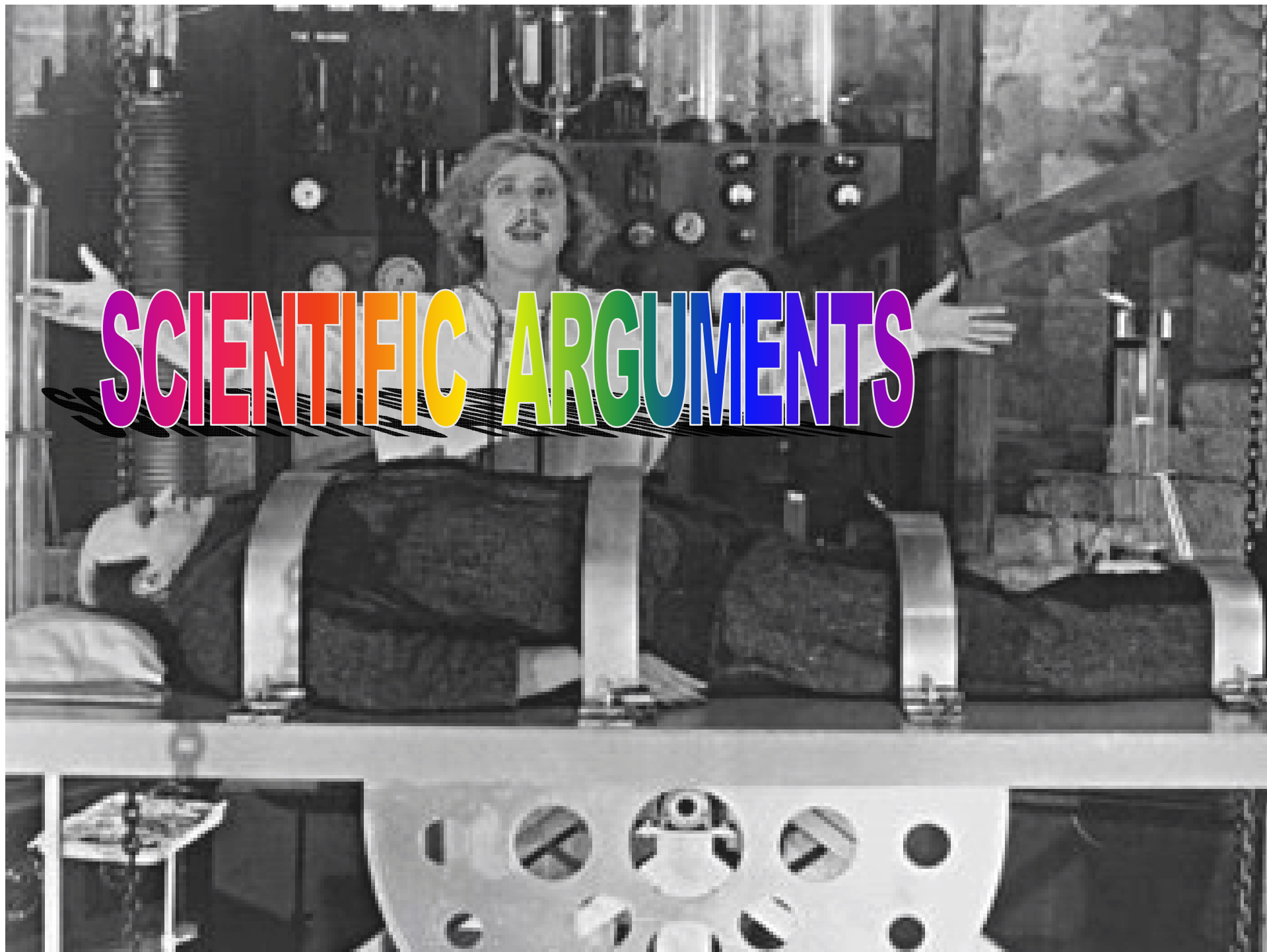
Assisted Outpatient
Treatment

[Victim's] Law

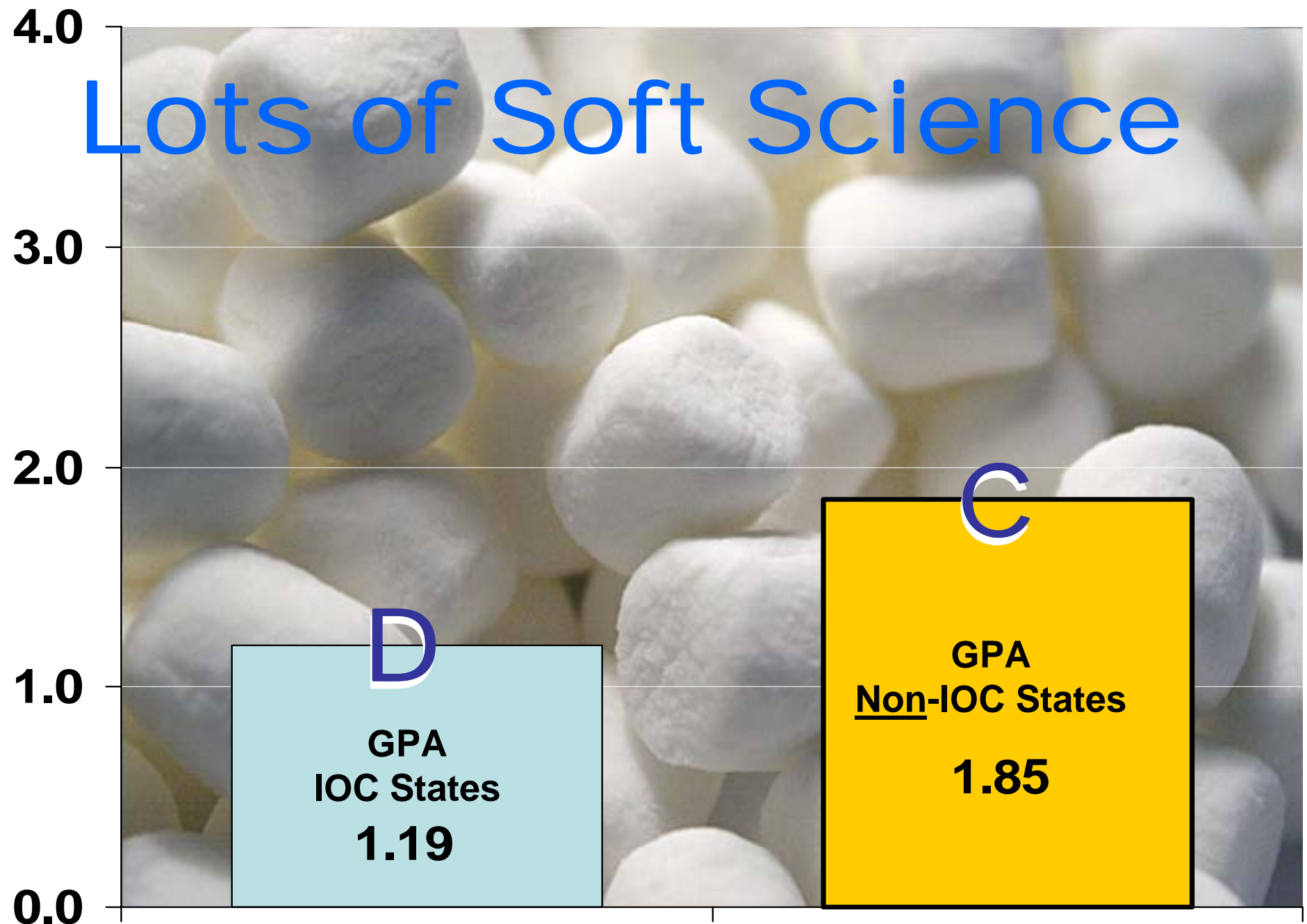
A person in a dark suit is standing next to a white railing, holding a small object. The person is looking down at the object. The background is a light, textured wall.

The message
these tactics send

SCIENTIFIC ARGUMENTS



Lots of Soft Science



State Hospital Readmission Rates

CMHS, 2004

**WITHIN 30 DAYS OF
DISCHARGE**

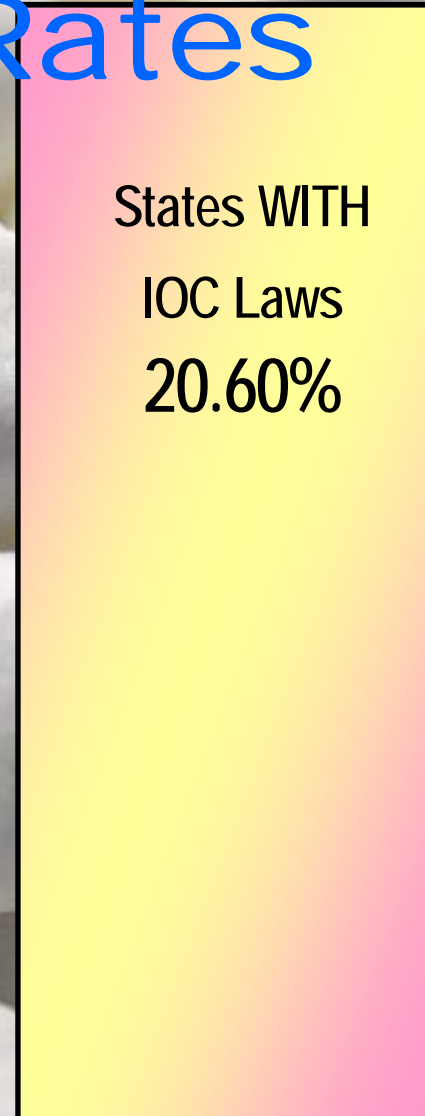
States WITH
IOC Laws
10.20%

States WITHOUT
IOC Laws
6.70%

States WITH
IOC Laws
20.60%

**WITHIN 180 DAYS
OF DISCHARGE**

States WITHOUT
IOC Laws
11.00%

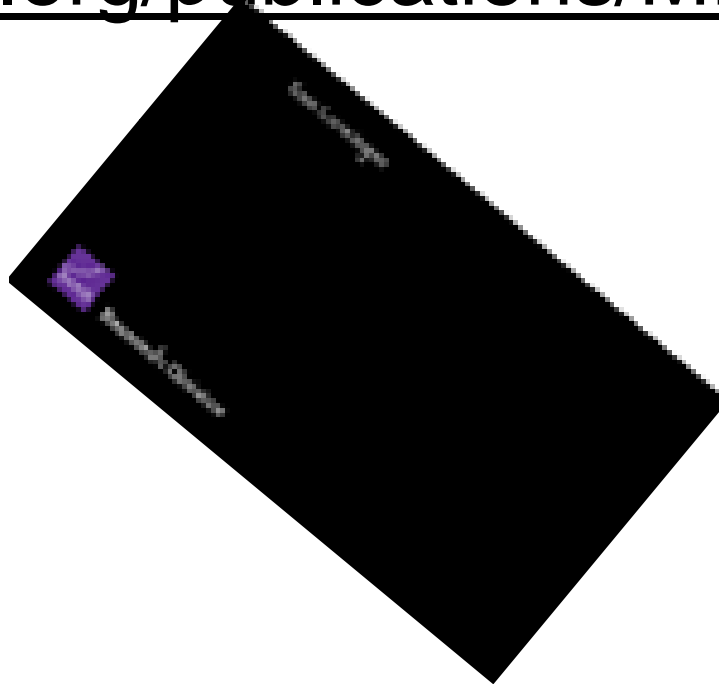


RAND Institute for Civil Justice

The Effectiveness of Involuntary Outpatient Commitment (2001)

RAND
Monograph
Report

www.rand.org/publications/MR/MR1340



RAND review of the literature

- Based on 23 research studies
- Strong evidence for the effectiveness of interdisciplinary mobile community services linked to case management (e.g., ACT)
- Somewhat weaker evidence of psychosocial program effectiveness
- Summarizing findings to date on IOC:
 - “In conclusion, the research on court-ordered mental health treatment suggests that the two most salient factors in reducing recidivism and problematic behavior among people with severe mental illness appear to be enhanced services and enhanced monitoring” (p. 27)
 - While there may exist a subgroup of people with severe mental illness for whom a court order acts as leverage to enhance treatment compliance, the best studies suggest that the effectiveness of outpatient commitment is linked to the provision of intensive services. Whether court orders have any effect at all in the absence of intensive treatment is an unanswered question.” (p. 27)

THE COURT FINDS:

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has

8. The individual is currently noncompliant with treatment recommended by a mental health

8. The individual is currently noncompliant with treatment, recommended by a mental health professional, that has been determined to be

How deep is our understanding of the individual's history?

last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

11. The individual is is not a person requiring treatment.

Anosognosia

a·no·sog·no·si·a
ə-nō'sŏg-nō'zē-ə, -zhə)n.
Real or feigned ignorance of the presence
of disease, especially of paralysis

**The vetting of LOC
in clinical jargon**

THE COURT FINDS:

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness, and as a result of that mental illness the individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

7. By clear and convincing evidence, the

8. The individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

**How is this assessed?
Participate in *what* treatment?**

9. The individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

10. There is no evidence that the individual has been developed under MCL 330.1712.

individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

11. The individual is not a person requiring treatment.

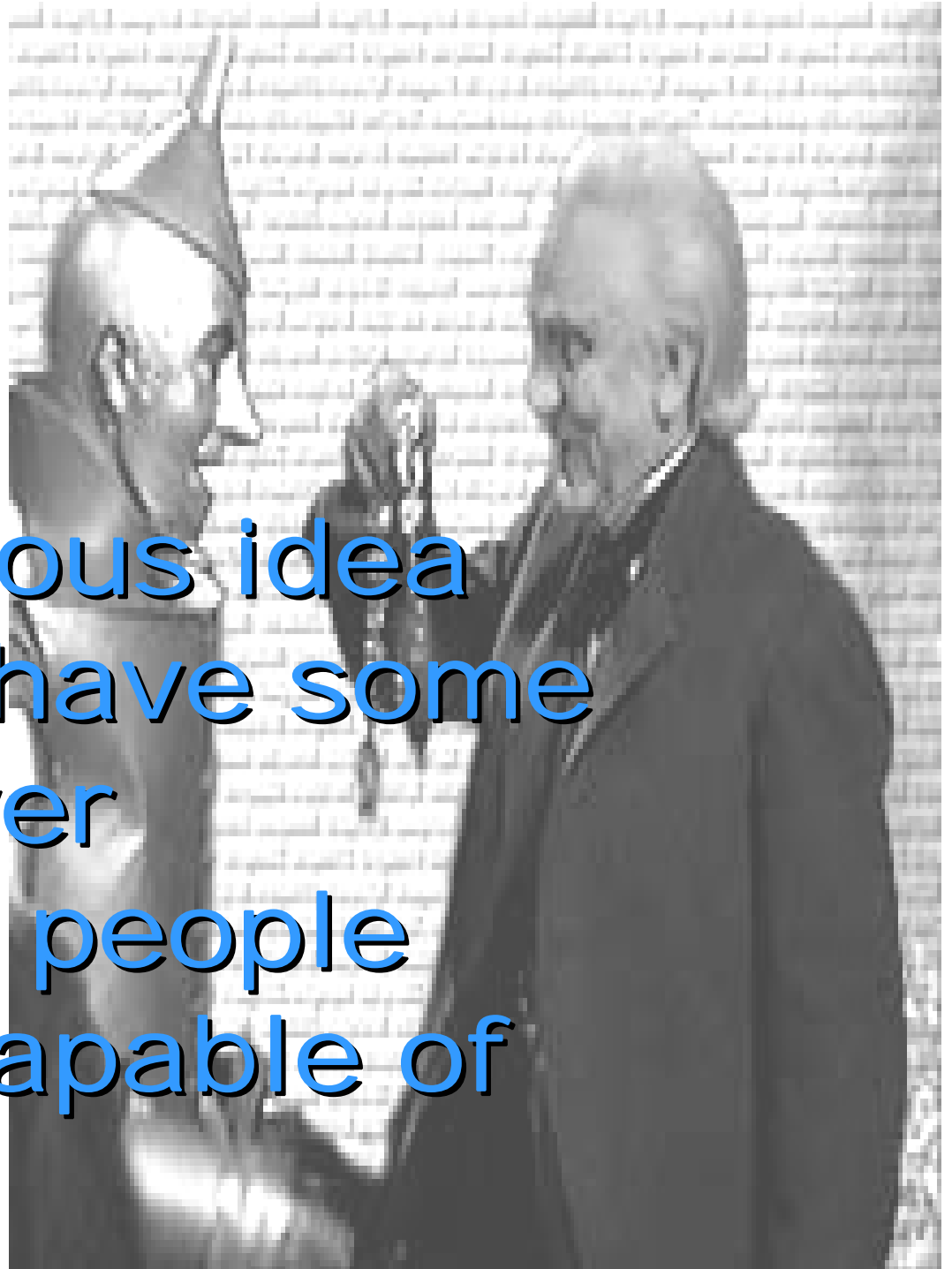
CARTOON



The dilemma IOC
poses for
individuals.



The mysterious idea
that courts have some
special power
to influence people
who are incapable of
insight.





Another opportunity
for a cheap solution.



How are we looking
as a profession?



Mental Health Courts



**Incarceration?
WE DIDN'T KNOW!!**

A woman with short, wavy blonde hair and a friendly smile, wearing a black judge's robe with a white lace collar. She has her arms crossed. The background is a plain, light blue-grey color.

Beware: The Friendly Judge

Critical Issues in Contemplating Mental Health Courts

- Is participation truly voluntary?
- Does the individual have a right to withdraw?
- Does the individual have meaningful representation?
- Is a guilty plea required?
 - What are the consequences?
- What types of offenses are eligible?
 - What about minor misdemeanors?
- How long does the court remain involved?
- Who gets sanctioned if things don't work?



Yet another way
to access services?

The court does have intrinsic advantages in gaining access: while courts are often frustrated by a lack of available services for defendants, few mental health providers will simply ignore a client referred for services by a court. But this, in turn, raises a potential collateral issue: If a specialty court becomes perceived as a more certain way to gain access to services, it may create incentives to use the criminal justice system as a vehicle for obtaining care.

Petrila, J et al, Preliminary Observations from an Evaluations from an Evaluation of the Broward County Mental Health Court, Court review, Winter, 2001

Key Public Policy Issues

- Are separate service systems being created?
- Have mental health courts become a new portal for service access?
- What is the mental health system doing to ensure that people with SMI don't come in contact with the correctional system in the first place?

A close-up, black and white photograph of a metal bolt and nut, with the text overlaid. The bolt is positioned diagonally across the frame, and the nut is partially visible on the right side. The background is a textured, light-colored surface.

**Are the Courts
Being Used
To Enable Neglect?**